

**ELECTRONIC
SUBMISSION FOR
PASRR LEVEL 1
(LTC-300R)**



DISCLAIMER

- SoonerCare policy is subject to change.
- The information in this presentation is current as of July 2021.
- Stay informed with current information by visiting www.Oklahoma.gov/ohca

WEBINAR DESCRIPTION

The class will discuss changes going into effect on July 22, 2021 for the electronic PASRR Level 1 (LTC-300R) submission.

Attendees will learn more about the PASRR Level 1 (LTC-300R) electronic edits for demographics; diagnoses ; Level 1 PASRR screening section and consultation section; and how to print the LTC-300R.

AGENDA

- Important Notes
- LTC-300R Edits
- Reminders
- Resources
- Questions

IMPORTANT NOTES

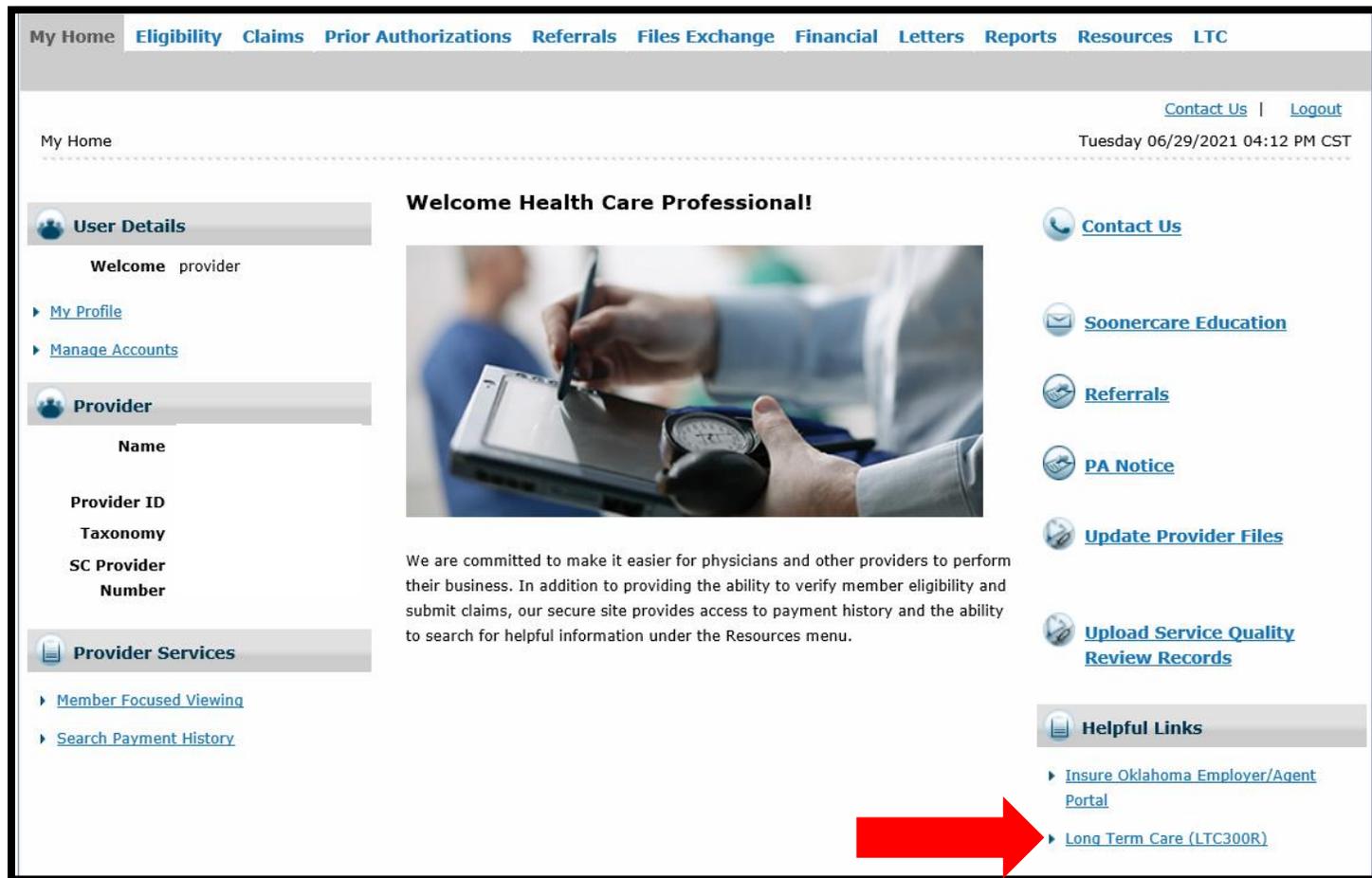
IMPORTANT NOTES

- Effective July 22, 2021, the electronic PASRR Level 1 (LTC-300R) will allow providers to edit demographics, diagnoses, the Level 1 PASRR screening section and the consultation section.
- Edits to the LTC-300R can be made within 30 days and not in pending status.
- Providers will be able to print the PASRR Level 1 LTC-300R.

LTC-300R EDITS

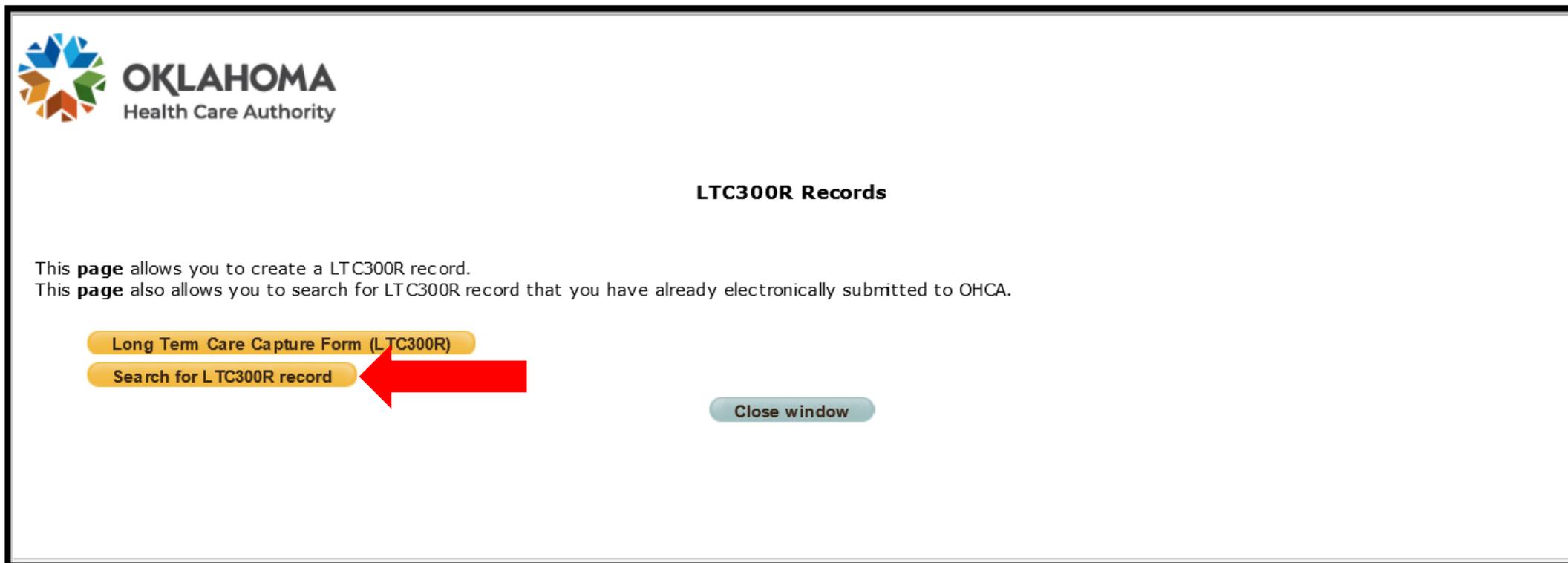
LTC-300R EDITS

- The LTC300R link is found on the “My Home” tab on the OHCA secure provider portal.
- Select the **LTC-300R** link to begin.



The screenshot displays the OHCA secure provider portal interface. At the top, a navigation bar includes links for My Home, Eligibility, Claims, Prior Authorizations, Referrals, Files Exchange, Financial, Letters, Reports, Resources, and LTC. Below this, the page is divided into several sections. On the left, there are three main sections: 'User Details' with a 'Welcome provider' message and links for 'My Profile' and 'Manage Accounts'; 'Provider' with fields for Name, Provider ID, Taxonomy, and SC Provider Number; and 'Provider Services' with links for 'Member Focused Viewing' and 'Search Payment History'. The central area features a 'Welcome Health Care Professional!' message with an image of a doctor and a text block stating the portal's commitment to ease of use. On the right, there is a vertical list of links: 'Contact Us', 'SoonerCare Education', 'Referrals', 'PA Notice', 'Update Provider Files', 'Upload Service Quality Review Records', and 'Helpful Links'. The 'Helpful Links' section includes 'Insure Oklahoma Employer/Agent Portal' and 'Long Term Care (LTC300R)', which is highlighted with a red arrow.

LTC-300R EDITS



 **OKLAHOMA**
Health Care Authority

LTC300R Records

This **page** allows you to create a LTC300R record.
This **page** also allows you to search for LTC300R record that you have already electronically submitted to OHCA.

[Long Term Care Capture Form \(LTC300R\)](#)

[Search for LTC300R record](#)

[Close window](#)

Select Search for LTC300R record.

LTC-300R EDITS

- LTC-300R records can be searched using:
 - Last and First Name
 - SSN
 - Date of Birth
 - Submission Date
 - Admission Date
- Enter the search criteria and select **Search**.

Search LTC300R Record by Client's Information

Last Name: First Name: Middle Initial:

SSN:

Date of Birth: 

Tracking Number:

Form Submission Date From:  Form Submission Date To: 

Admission Date From:  Admission Date To: 

[Landing Page](#) [Search](#) [Reset](#)



LTC-300R EDITS

Search LTC300R Record by Client's Information

Last Name: First Name: Middle Initial:

SSN:

Date of Birth:

Tracking Number:

Form Submission Date From: Form Submission Date To:

Admission Date From: Admission Date To:

[Landing Page](#) [Search](#) [Reset](#)

Total records: 1

#	Tracking Number	Last Name	First Name	MI	Date Of Birth	SSN	Form Submission Date	Admission Date	Editable	PDF
1	T20210629001	TEST	TEST		12/31/1999	12345678	06/29/2021			

An icon will show if the record can be edited. Select the icon to begin editing.

LTC-300R EDITS

Fields on an LTC-300R that can be edited:

- **Client Demographics:** Last name, first name, middle initial, SSN and date of birth.
- **Diagnosis:** Primary diagnosis, primary diagnosis code, secondary diagnosis and secondary diagnosis code.
- **PASRR:** Level 1 PASRR screening questions and the consultation section.

LTC-300R EDITS

Client Demographics

Last Name: TEST
Suffix:
First Name: TEST
Middle Initial:
SSN: 012345678
Date Of Birth: 12/31/1999
Race: African American
Asian
Caucasian
Hawaiian/Pacific Islander
Native American/Alaskan Native
 Other
Hispanic Ethnicity: Y
Gender: M
Coverage: Medicare

DHS Case Number:
RID:
Admission Type: NA
Admission Date: 06/29/2021
Transferring Facility: New Admit
Prior Living Arrangement: Hospital
Facility Discharge Date: 06/29/2021
Deceased Date:



[Edit Demographics](#)

Select **Edit Demographics** to edit the name, SSN or date of birth.

LTC-300R EDITS

- The Continue button will be highlighted in the area after changes are made.
- Click Continue to proceed.

LTC300R Record Edit - Enter Client Demographics

*** = Required Fields**

Last Name:*	<input type="text" value="TEST"/>	SSN:*	<input type="text" value="012345678"/>
Suffix:		Date of Birth:*	<input type="text" value="12/31/1999"/> 
First Name:*	<input type="text" value="TEST"/>		
Middle Initial:	<input type="text"/>		

Admission Date:	06/29/2021	DHS Case Number:	
Race:	<p>African American Asian Caucasian Hawaiian/Pacific Islander Native American/Alaskan Native <input checked="" type="radio"/> Other</p>	RID:	
Hispanic Ethnicity:	Y	Admission Type:	NA
Gender:	M	Transferring Facility:	New Admit
Coverage:	Medicare	Prior Living Arrangement:	Hospital
		Facility Discharge Date:	06/29/2021
		Deceased Date:	



LTC-300R EDITS

Diagnosis		
Primary Diagnosis:	hypertension	Secondary Diagnosis:
Primary Diagnosis Code:		Secondary Diagnosis Code:
Comments:	test	


[Edit Diagnosis](#)

Select **Edit Diagnosis** to edit the primary or secondary diagnosis.

LTC-300R EDITS

- The **Continue** button will be highlighted in the area after changes are made.
- Click **Continue** to proceed with the edits

LTC300R Record Edit - Enter Diagnosis

* = Required Fields

Primary Diagnosis:* Secondary Diagnosis:

Primary Diagnosis Code: Secondary Diagnosis Code:

Comments: test



LTC-300R EDITS

- Select **Edit PASRR** to edit the Level 1 PASRR screening questions or the consultation section.
- Previously submitted comments under the consultation section will remain on the LTC-300R.

PASRR	
Person answering Section E of the form: Test Test	
Position:	DHS Official
1. Evidence of serious mental illness including possible disturbances in orientation or mood (dementia or other organic mental disorders are not considered a serious mental illness)?	Yes
2. Diagnosis of a serious mental illness (for example, schizophrenic, paranoid, panic, mood or other severe anxiety or depressive disorder, somatoform disorder, personality disorder, or other psychotic disorder, or another mental disorder that may lead to a chronic disability)?	Yes
3. Recent history of mental illness or been prescribed a psychotropic medication for a possibly undiagnosed mental illness in the absence of a justifiable neurological disorder within the last two years?	Yes
4. Diagnosis of mental retardation or a related condition?	Yes
5. History of mental retardation or a related condition?	Yes
6. Evidence of possible mental retardation or related condition (cognitive or behavior functions)?	Yes
The client IS NOT a danger to self or others.	
Exempted Hospital Discharge:	No
Short Term Stay Category:	Not Applicable
Date of Consultation with LOCEU:	
LOCEU Staff Name:	
Consultation Decision:	



[Edit PASRR](#)

LTC-300R EDITS

- The **Continue** button will be highlighted in the area after changes are made.
- Click **Continue** to proceed with the edits.

i Because one or more of the questions above were answered "Yes", the LOC Evaluation Unit must be contacted to determine if a Level II PASRR evaluation is needed.

Date of Consultation with LOCEU:

LOCEU Staff Name:

i The Consultation Decision field can only be added to. Previous information cannot be changed.

Consultation Decision and any Level II Evaluation Results:

Changed the answer to Short Term Stay Category

Up to 255 characters can be inserted in this section.

Cancel  **Continue**

LTC-300R EDITS

PASRR

Person answering Section E of the form: Test Test

Position: DHS Official

1. Evidence of serious mental illness including possible disturbances in orientation or mood (dementia or other organic mental disorders are not considered a serious mental illness)? Yes
2. Diagnosis of a serious mental illness (for example, schizophrenic, paranoid, panic, mood or other severe anxiety or depressive disorder, somatoform disorder, personality disorder, or other psychotic disorder, or another mental disorder that may lead to a chronic disability)? Yes
3. Recent history of mental illness or been prescribed a psychotropic medication for a possibly undiagnosed mental illness in the absence of a justifiable neurological disorder within the last two years? Yes
4. Diagnosis of mental retardation or a related condition? Yes
5. History of mental retardation or a related condition? Yes
6. Evidence of possible mental retardation or related condition (cognitive or behavior functions)? Yes

The client **IS NOT** a danger to self or others.

Exempted Hospital Discharge: No

Short Term Stay Category: Respite

Date of Consultation with LOCEU:

LOCEU Staff Name:

Consultation Decision: Changed the answer to Short Term Stay Category

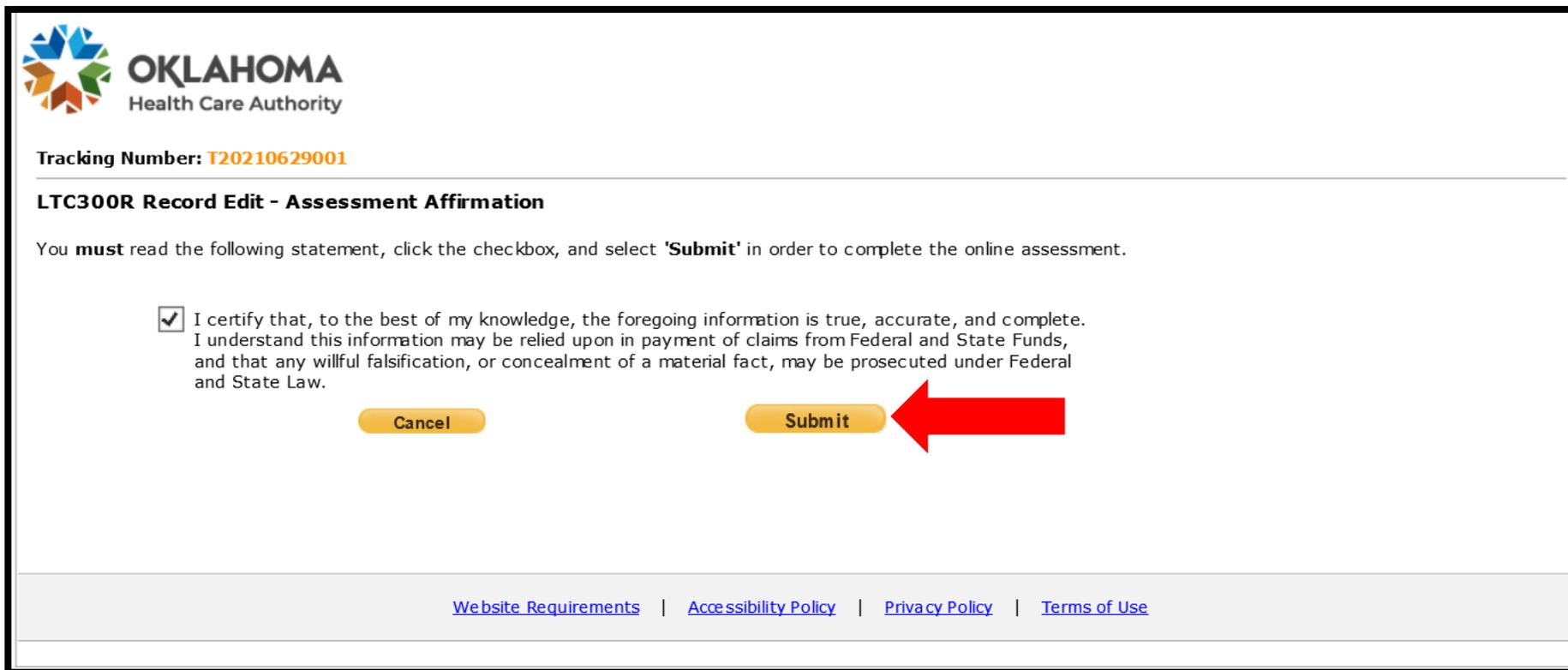
[Edit PASRR](#)

Cancel Continue



Select Continue to save the edits.

LTC-300R EDITS



 **OKLAHOMA**
Health Care Authority

Tracking Number: **T20210629001**

LTC300R Record Edit - Assessment Affirmation

You **must** read the following statement, click the checkbox, and select '**Submit**' in order to complete the online assessment.

I certify that, to the best of my knowledge, the foregoing information is true, accurate, and complete. I understand this information may be relied upon in payment of claims from Federal and State Funds, and that any willful falsification, or concealment of a material fact, may be prosecuted under Federal and State Law.

[Website Requirements](#) | [Accessibility Policy](#) | [Privacy Policy](#) | [Terms of Use](#)

Click the checkbox and select **Submit** to save the edits.

LTC-300R EDITS

Search LTC300R Record by Client's Information

Last Name: First Name: Middle Initial:

SSN:

Date of Birth:

Tracking Number:

Form Submission Date From: Form Submission Date To:

Admission Date From: Admission Date To:

[Landing Page](#) [Search](#) [Reset](#)

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1	T20210629001	TEST	TEST		12/31/1999	12345678	06/29/2021	06/29/2021		

Select the PDF icon to view a copy of the record.

REMINDERS

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RESOURCES

RESOURCES

- Level of Care Evaluation Unit - (405) 522-7597
Steve Wynn - (405) 522-7133 or
Karen Navarro - (405) 522-7674
- Internet help desk
800-522-0114 option 2, 1
- OHCA call center
800-522-0114, option 1
- OHCA public website
<https://oklahoma.gov/ohca.html>

QUESTIONS?



OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767

